

MEDICAL ABSENCE FORM

Name of Student: _____

Office Advised by: _____

Date(s) you will be absent: _____

Time: From _____ To _____

Reason for absence: _____

Will you be absent from?

Morning Classes

Weekend Outstation

Devotions / Prayer Cells /
Hour of Power / Principal's Chapel

Thursday Work Party

College Meals

What is your daily service?

Who is replacing you?

This section for Faith Bible College office use only:

Request Received on: _____

Request Approved by: _____

Care Group Leader / Other Staff Informed

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